

APPENDIX J  
FIGURE J-1

OM 55-1-1  
31 Jan 90

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations)</small> Travel Authorized as Indicated in Items 2 through 21.						1 DATE OF REQUEST																											
<b>REQUEST FOR OFFICIAL TRAVEL</b>																																	
2 NAME (Last, First, Middle Initial) SSN for military and civilian				3 POSITION TITLE AND GRADE OR RATING AS APPROPRIATE																													
4 OFFICIAL STATION Geographical location, such as Washington, DC 20314-1000				5 ORGANIZATIONAL ELEMENT AS APPROPRIATE		6 PHONE NO																											
7 TYPE OF ORDERS  BLANKET TRAVEL		8 SECURITY CLEARANCE  AS APPROPRIATE		9 PURPOSE OF TDY In connection with the activities of  or as appropriate																													
10a. APPROX. NO OF DAYS OF TDY (Including travel time)		b. PROCEED O/A (Date)																															
LEAVE BLANK		LEAVE BLANK																															
11 ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED You will proceed on temporary duty at such times and in such order and frequency as may be necessary from your home or place of business to any point within the Continental limits of the United States during the period _____ to _____, both dates inclusive. Upon completion of each tour of temporary duty, you will return to permanent station.																																	
12 MODE OF TRANSPORTATION <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="4" style="text-align: center;">COMMERCIAL</th> <th colspan="3" style="text-align: center;">GOVERNMENT</th> <th colspan="2" style="text-align: center;">PRIVATELY OWNED CONVEYANCE (Check one)</th> </tr> <tr> <th>RAIL</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>AIR</th> <th>VEHICLE</th> <th>OTHER</th> <th colspan="2">RATE PER MILE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td></td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td></td> <td colspan="2"> <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT  <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION &amp; RELATED PER DIEM AS DETERMINED IN JTR TRAVEL TIME LIMITED AS INDICATED IN JTR.               </td> </tr> </tbody> </table> <div style="margin-top: 5px;"> <input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)         </div>							COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)		RAIL	AIR	BUS	SHIP	AIR	VEHICLE	OTHER	RATE PER MILE		X	X	X		X	X		<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR TRAVEL TIME LIMITED AS INDICATED IN JTR.	
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)																										
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	OTHER	RATE PER MILE																										
X	X	X		X	X		<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR TRAVEL TIME LIMITED AS INDICATED IN JTR.																										
13 <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify) _____ <div style="text-align: right; padding-right: 50px;">THIS BLOCK IS CHECKED FOR CIVILIANS ONLY</div>																																	
14 ESTIMATED COST <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>PER DIEM</th> <th>TRAVEL</th> <th>OTHER</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 7300.00</td> <td style="text-align: right;">\$ 10,000.00</td> <td style="text-align: right;">\$ 1600.00</td> <td style="text-align: right;">\$ 18,900.00</td> </tr> </tbody> </table>						PER DIEM	TRAVEL	OTHER	TOTAL	\$ 7300.00	\$ 10,000.00	\$ 1600.00	\$ 18,900.00	15 ADVANCE AUTHORIZED \$																			
PER DIEM	TRAVEL	OTHER	TOTAL																														
\$ 7300.00	\$ 10,000.00	\$ 1600.00	\$ 18,900.00																														
16 REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.) Travel by privately-owned-vehicle is authorized. You are authorized use of special conveyance. You are authorized travel within and around temporary duty station. You are authorized to make changes in above itinerary and to proceed to additional places as may be necessary to accomplish this mission. Use of existing Government facility would adversely affect the performance of the assigned mission. You are authorized 100 pounds of air baggage. You may wear civilian clothing while in the travel status directed by these orders. Individual designated Acting Transportation Officer under provisions of AR 55-13. Individual designated a courier.																																	
17 REQUESTING OFFICIAL (Title and signature)				18 APPROVING OFFICIAL (Title and signature) Individual as designated by head of agency concerned																													
<b>AUTHORIZATION</b>																																	
19 ACCOUNTING CITATION Insert appropriate accounting citation.																																	
20 ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION  LEAVE BLANK						21 DATE ISSUED AS APPROPRIATE																											
						22 TRAVEL ORDER NUMBER AS APPROPRIATE																											

DD FORM 1 JUN 67 1610

<b>REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL</b> <i>(Reference: Joint Travel Regulations)</i> Travel Authorized as Indicated in Items 2 through 21.										1. DATE OF REQUEST
<b>REQUEST FOR OFFICIAL TRAVEL</b>										
2. NAME (Last, First, Middle Initial) SSN: AS APPROPRIATE					3. POSITION TITLE AND GRADE OR RATING					
4. OFFICIAL STATION HQUSACE WASH DC 20314-100					5. ORGANIZATIONAL ELEMENT CELD-TT			6. PHONE NO 272-XXXX		
7. TYPE OF ORDERS REPEATED			8. SECURITY CLEARANCE NA		9. PURPOSE OF TDY AS APPROPRIATE					
10a. APPROX. NO. OF DAYS OF TDY (Including travel time) 30			b. PROCEED O/A (Date) 02 MAY 88							
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED  FROM: Residence (Rockville, MD) TO: Warrenton, VA RET TO: Residence (Rockville, MD)										
<b>12. MODE OF TRANSPORTATION</b>										
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)			
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE 21			
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							<input checked="" type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT  <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR TRAVEL TIME LIMITED AS INDICATED IN JTR			
13. <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)										
<b>14. ESTIMATED COST</b>										15. ADVANCE AUTHORIZED
PER DIEM \$ 480.00		TRAVEL \$ 194.88		OTHER \$ -0-		TOTAL \$ 674.88		\$		
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)  EMPLOYEE AUTHORIZED 4 ROUND TRIPS DURING PERIOD 02-30MAY 88.										
17. REQUESTING OFFICIAL (Title and signature) TABLES 1-1 AND 1-2-----						18. APPROVING OFFICIAL (Title and signature) -----				
<b>AUTHORIZATION</b>										
19. ACCOUNTING CITATION INSERT ACCOUNTING CITATION AND COMPLETE BILLING ADDRESS										
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION TABLES 1-1 AND 1-2							21. DATE ISSUED AS APPROPRIATE  22. TRAVEL ORDER NUMBER AS APPROPRIATE			



APPENDIX J  
FIGURE J-3  
**DEPARTMENT OF THE ARMY**  
U.S. Army Corps of Engineers  
WASHINGTON, D.C. 20314

OM 55-1-1  
31 Jan 90

REPLY TO  
ATTENTION OF:

**NATO TRAVEL ORDER/ORDRE DE MISSION OTAN**

Country of Origin: United States  
Pays de Provenance:

Order Number \_\_\_\_\_  
Numéro de Serie: \_\_\_\_\_

1. The bearer  
La Porteur

Social security number/No Mle

Grade of rank/Grade

Name/Nom

2. Will travel from  
Fera Mouvement de

to  
à

via

Date of departure

via

Date du départ

Expected date of return  
Date probable de retour

3. Authority is not granted to possess and carry arms.  
Autorisation non accordée de port d'armes.
4. This travel order is to be produced to civil and military authorities on request.

Cet ordre de mission devra être présenté sur demande des autorités civiles et militaires.

FOR THE COMMANDER:

\_\_\_\_\_  
Officer authorizing movement

Officier autorisant le mouvement

\_\_\_\_\_  
Date of issue

Date de l'autorisation

APPENDIX J  
FIGURE J-4

<b>REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL</b> <i>(Reference: Joint Travel Regulations)</i> Travel Authorized as Indicated in Items 2 through 21.							1 DATE OF REQUEST																		
<b>REQUEST FOR OFFICIAL TRAVEL</b>																									
2. NAME (Last, First, Middle Initial)  DOE, JOHN                      SSN number				3 POSITION TITLE AND GRADE OR RATING  MAJOR																					
4. OFFICIAL STATION  SELF EXPLANATORY -----				5 ORGANIZATIONAL ELEMENT  -----		6 PHONE NO  -----																			
7. TYPE OF ORDERS  Revocation		8. SECURITY CLEARANCE  NA		9 PURPOSE OF TDY  NA																					
10a. APPROX. NO OF DAYS OF TDY (Including travel time)  NA		b. PROCEED O/A (Date)  NA																							
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED  NA																									
12. <b>MODE OF TRANSPORTATION</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">COMMERCIAL</th> <th colspan="3" style="text-align: center;">GOVERNMENT</th> </tr> <tr> <td style="text-align: center;">RAIL</td> <td style="text-align: center;">AIR</td> <td style="text-align: center;">BUS</td> <td style="text-align: center;">SHIP</td> <td style="text-align: center;">AIR</td> <td style="text-align: center;">VEHICLE</td> <td style="text-align: center;">SHIP</td> </tr> </table>				COMMERCIAL				GOVERNMENT			RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">PRIVATELY OWNED CONVEYANCE (Check one)</th> </tr> <tr> <td style="text-align: center;">RATE PER MILE</td> <td style="text-align: center;"> <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT                         </td> </tr> </table>				PRIVATELY OWNED CONVEYANCE (Check one)		RATE PER MILE	<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT
COMMERCIAL				GOVERNMENT																					
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																			
PRIVATELY OWNED CONVEYANCE (Check one)																									
RATE PER MILE	<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT																								
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR TRAVEL TIME LIMITED AS INDICATED IN JTR																					
13. <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)																									
14. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">ESTIMATED COST</th> <th colspan="2" style="text-align: center;">DECREASE</th> </tr> <tr> <td style="width: 25%;">PER DIEM \$ 1,021</td> <td style="width: 25%;">TRAVEL \$ 5,976</td> <td style="width: 25%;">OTHER \$ 200</td> <td style="width: 25%;">TOTAL \$ 7,197</td> <td colspan="2"></td> </tr> </table>							ESTIMATED COST				DECREASE		PER DIEM \$ 1,021	TRAVEL \$ 5,976	OTHER \$ 200	TOTAL \$ 7,197			15 ADVANCE AUTHORIZED \$						
ESTIMATED COST				DECREASE																					
PER DIEM \$ 1,021	TRAVEL \$ 5,976	OTHER \$ 200	TOTAL \$ 7,197																						
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)  TRAVEL ORDER# _____ dated _____ is Revoked in its Entirety.																									
17. REQUESTING OFFICIAL (Title and signature)  Self Explanatory-----				18 APPROVING OFFICIAL (Title and signature)  -----																					
<b>AUTHORIZATION</b>																									
19. ACCOUNTING CITATION  Insert Fund Citation and Complete Billing Address																									
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION  Self Explanatory						21 DATE ISSUED FILE IN																			
						22 TRAVEL ORDER NUMBER FILL IN																			

**DD FORM 1610**  
1 JUN 67

APPENDIX J  
FIGURE J-5

CEXX-XX (MARKS NUMBER)

DATE

MEMORANDUM FOR

CEHEC-RM-F  
CELD-TT

SUBJECT: Revocation of Invitational Travel Order

Request Invitational Travel Order # \_\_\_\_\_ issued to Mr. John Smith  
be revoked in its entirety.

SIGNATURE AND TITLE

FOR: JOHN DOE  
F&A Officer

<b>REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL</b> <i>(Reference: Joint Travel Regulations)</i> Travel Authorized as Indicated in Items 2 through 21.							1. DATE OF REQUEST		
<b>REQUEST FOR OFFICIAL TRAVEL</b>									
2. NAME (Last, First, Middle Initial) INCLUDE SSN NUMBER SELF EXPLANATORY-----					3. POSITION TITLE AND GRADE OR RATING				
4. OFFICIAL STATION SELF EXPLANATORY-----					5. ORGANIZATIONAL ELEMENT		6. PHONE NO.		
7. TYPE OF ORDERS Amendment #1		8. SECURITY CLEARANCE NA		9. PURPOSE OF TDY NA					
10a. APPROX. NO. OF DAYS OF TDY (Including travel time) 5		b. PROCEED O/A (Date) NA							
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED									
12. MODE OF TRANSPORTATION									
<b>COMMERCIAL</b>				<b>GOVERNMENT</b>			<b>PRIVATELY OWNED CONVEYANCE (Check one)</b>		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT		
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR TRAVEL TIME LIMITED AS INDICATED IN JTR.		
13. <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)									
14. PER DIEM \$250.00				TRAVEL \$		OTHER \$		15. ADVANCE AUTHORIZED \$ 250.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)  SO MUCH OF TRAVEL ORDER # _____ IS AMENDED AS SHOWN IN ITEM 10a ABOVE.									
17. REQUESTING OFFICIAL (Title and signature) TABLES 1-1 and 1-2-----					18. APPROVING OFFICIAL (Title and signature) -----				
<b>AUTHORIZATION</b>									
19. ACCOUNTING CITATION INSERT FUND CITATION AND COMPLETE BILLING ADDRESS									
FUNDS AVAILABLE: JOHN DOE F & A Officer									
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION FOR THE COMMANDER: JOHN DOE, C/XXY (CEXX-XX) WASHDC 20314-1000						21. DATE ISSUED AS APPROPRIATE			
						22. TRAVEL ORDER NUMBER AS APPROPRIATE			

**DD FORM 1610**  
1 JUN 67

APPENDIX J  
FIGURE J-7

OM 55-1-1  
31 Jan 90

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as Indicated in Items 2 through 21.						1. DATE OF REQUEST SELF EXPLANATORY	
<b>REQUEST FOR OFFICIAL TRAVEL</b>							
2. NAME (Last, First, Middle Initial)  Self Explanatory-----				3. POSITION TITLE AND GRADE OR RATING  -----			
4. OFFICIAL STATION  Self Explanatory-----				5. ORGANIZATIONAL ELEMENT  -----		6. PHONE NO.  -----	
7. TYPE OF ORDERS  Amendment #2		8. SECURITY CLEARANCE  NA		9. PURPOSE OF TDY  NA			
10a. APPROX. NO OF DAYS OF TDY (Including travel time)  12		b. PROCEED O/A (Date)  NA					
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED From: WASH DC To: Los Angeles, San Francisco, Sacramento, CA; Dallas, TX; Albuquerque, NM Return To WASH DC							
12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE
	X			X	X		
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only) <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT <div style="position: absolute; top: 0; right: 0; transform: rotate(-45deg); opacity: 0.5; font-size: 2em; pointer-events: none;">SAMPLE</div>							
<input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14 INCREASE		ESTIMATED COST		INCREASE		15 ADVANCE AUTHORIZED	
PER DIEM	TRAVEL	OTHER	TOTAL				
\$350.00	\$295.00	\$80.00	\$725.00	\$			
16 REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.) So much of Travel Order # _____ dated _____ and Amendment #1 dated _____ are further amended, as shown in items 10a, 11, 12, 14 above, and to include hire of special conveyance. Individual will use Government Aircraft from Wash to LAX.							
17. REQUESTING OFFICIAL (Title and signature)  TABLE 1-1 OM 55-1-1-----				18. APPROVING OFFICIAL (Title and signature)  -----			
AUTHORIZATION Funds Available							
19. ACCOUNTING CITATION Insert Fund Citation and Complete Billing Address   <div style="text-align: right;">JOHN DOE, F&amp;A Officer</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION FOR THE COMMANDER:  TABLES 1-1 and 1-2						21. DATE ISSUED AS APPROPRIATE	
						22. TRAVEL ORDER NUMBER AS APPROPRIATE	

DD FORM 1610  
1 JUN 67

OM 55-1-1  
31 Jan 90

APPENDIX J  
FIGURE J-8

CEXX-XX (MARKS NUMBER)

DATE

MEMORANDUM FOR

CEHEC-RM-F  
CELD-TT

1. Request that Invitational Travel Order #\_\_\_ issued to Mr. John Smith be amended as follows:

Approximate number of days 7 in lieu of 2.

2. Estimated cost is increased by \$250.00

SIGNATURE AND TITLE

FUNDS AVAILABLE:

FOR: JOHN DOE  
F&A Officer



## INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 U.S.C. 5701-5742, 37 U.S.C. 404-427, and E.O. 9397.

**PRINCIPAL PURPOSE:** Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

**ROUTINE USES:** To substantiate claims for reimbursement for official travel.

**DISCLOSURE:** Voluntary. Failure to furnish information requested may result in total or partial denial of amount claimed.

22

## CLAIMANT'S STATEMENT

- a. I have identified on the face of this voucher all travel in connection with leave, delay en route or travel to home or permanent station for personal reasons.
- b. I have not claimed any allowances for travel, transportation and/or TDY for which I have or will receive reimbursement from any other agency of the U.S., Foreign Government, or the United Nations, except as specifically authorized by the Secretaries concerned.
- c. I hereby assign to the United States any rights I have against other parties in connection with reimbursable charges described herein associated with transportation procured at personal expense.
- d. If travel by POC was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

23.

## REQUIRED ATTACHMENTS

- a. Original or copies of all travel orders and amendments.
- b. Traveler's copy of transportation requests and MAC authorizations used.
- c. Receipts from transportation office for unused transportation requests, totally or partially unused carriers' tickets, and unused meal tickets.
- d. Receipts from carriers, copies of tickets, or required certification if cost of transportation is claimed.
- e. Receipts for lodgings and any item of expense claimed in excess of \$15.
- f. Statements of nonavailability (*Government quarters, mess and directed mode of transportation*).
- g. Itemization of actual expenses on a daily basis when claim for reimbursement includes travel on an actual expense basis.

24

## DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a Government mess. (*See JTR, Vol 1, App. J and Vol. 2, App. D for definition of Deductible Meals.*) Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

25a

## SYMBOLS (Use two letters)

## MEANS/MODE OF TRAVEL

## FIRST LETTER

## SECOND LETTER

- |   |                         |
|---|-------------------------|
| (1) TRNSPN REQ. .... T                    | (5) AUTO. .... A        |
| (2) GOVT TRNSPN. .... G                   | (6) BUS. .... B         |
| (3) COML TRNSPN. .... C                   | (7) PLANE. .... P       |
| (4) PRIVATELY-OWNED<br>(own expense)      | (8) RAIL. .... R        |
| (9) PRIVATELY-OWNED<br>CONVEYANCE. .... P | (9) VESSEL. .... V      |
|   | (10) MOTORCYCLE. .... M |

25b

## SYMBOLS

## REASONS FOR STOPS

- |                            |    |
|----------------------------|----|
| (1) AWAITING TRNSPN. ....  | AT |
| (2) LEAVE EN ROUTE. ....   | LV |
| (3) MISSION COMPLETE. .... | MC |
| (4) AUTHORIZED DELAY. .... | AD |
| (5) TEMPORARY DUTY. ....   | TD |

26 REMARKS

Use of privately-owned-automobile from WASH DC to Baltimore, MD and return is determined to have been in the best interest of the Government. Miss Doe accompanied Mr. Smith.


27.

## APPROVED FOR PAYMENT (When required by individual service regulations)

DATE

SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

APPENDIX J  
FIGURE J-10

NAME (Type or print) <b>JOHN NMI DOE</b>	GRADE <b>GM-15</b>	DATE <b>29 Jul 88</b>
OFFICIAL ADDRESS <b>HQUSACE (CEXX-XX) WASH DC 20314-1000</b>		
SIGNATURE		
TYPE OF DOCUMENT OR PURPOSE FOR WHICH AUTHORIZED <b>DD FORM 1351-2</b>		
I CERTIFY THAT THE ABOVE IS THE SIGNATURE OF THE AUTHORIZED INDIVIDUAL		
NAME AND GRADE OF COMMANDING OFFICER (Type or print) OR HIS DESIGNEE <b>JOHN Q. PUBLIC, COL, EXECUTIVE</b>		
SIGNATURE OF COMMANDING OFFICER OR HIS DESIGNEE 		
DD FORM 577 REPLACES 1 SEP 81 EDITION WHICH 1 APR 85 WILL BE USED UNTIL EXHAUSTED		

SIGNATURE CARD

**SAMPLE**

## REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

[illegible]

## NOTES

**L/ Attach lodging receipt(s) as supporting document(s).**

**2/** Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)

2/ Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.

4/ (a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggage men (Members of Uniformed Services indicate only those fees and tips paid to porters and baggage men and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.

I, Sweet Pea certify that itemized amounts are actual and necessary expenses  
(Type or Print Name)

incurred by me in performance of official travel for which I have not been reimbursed.

**SIGNATURE**

DATE \_\_\_\_\_

8 October 1988

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>		1. Department or Establishment, Bureau, Division or Office  HQDA (CEXX-XX)		2. VOUCHER NUMBER  3. SCHEDULE NUMBER				
Read the Privacy Act Statement on the back of this form.				5. PAID BY				
4. a. NAME (Last, first, middle initial)  PUBLIC, JOHN Q.		b. SOCIAL SECURITY NO  123-45-6789						
c. MAILING ADDRESS (Include ZIP Code) HQDA (CEXX-XX) WASH DC 20314		d. OFFICE TELEPHONE NUMBER  272-0676						
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)								
DATE  (a)	CODE  (b)	Show appropriate code in col. (b): A-Local travel B-Telephone or telegraph, or C-Other Expenses (itemized)  (Explain expenditures in specific detail)		MILEAGE RATE  (f)  NO. OF MILES (e)	AMOUNT CLAIMED			
		(c) FROM	(d) TO		MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCEL. EXPENSES (i)
11/26	TA	Pulaski Bldg.	EX Office Bldg.			1 80		20
	TA	EX Office Bldg.	Pulaski Bldg.			1 80		20
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$ 4.00				TOTALS			3 60	40
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)  <div style="text-align: center;">Sign Original Only</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;">           APPROVING OFFICIAL SIGN HERE ▶         </div> <div style="width: 20%;">DATE</div> </div>				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.  <div style="text-align: center;">Sign Original Only</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;">           CLAIMANT SIGN HERE ▶         </div> <div style="width: 20%;">DATE</div> </div>				
9. This claim is certified correct and proper for payment.  <div style="text-align: center;">Sign Original Only</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;">           AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶         </div> <div style="width: 20%;">DATE</div> </div>				11. CASH PAYMENT RECEIPT <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 70%;">           a. PAYEE (Signature)         </div> <div style="width: 30%;">           b. DATE RECEIVED         </div> </div> <div style="margin-top: 10px;">           c. AMOUNT \$         </div>				
12. PAYMENT MADE BY CHECK NO.								

ACCOUNTING CLASSIFICATION

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>	1. Department or Establishment, Bureau, Division or Office	2. VOUCHER NUMBER
	HQUSACE CEXX-XX	3. SCHEDULE NUMBER
<i>Read the Privacy Act Statement on the back of this form.</i>		5. PAID BY
4.	a. NAME (Last, first, middle initial)  Self Explanatory	b. SOCIAL SECURITY NO.   
	c. MAILING ADDRESS (Include ZIP Code) HQUSACE (CEXX-XX) Wash DC 20314-1000	d. OFFICE TELEPHONE NUMBER  272-XXXX

**6. EXPENDITURES** (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 1988	C O D E	Show appropriate code in col. (b): A-Local travel B-Telephone or telegraph, or C-Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED			
		(f) Explain expenditures in specific detail:		NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
		(c) FROM	(d) TO					
3 Oct	PC	Residence	Frederick, MD	30	630			
	BR					25		
	PC	Frederick, MD	Fort Knight, MD	30	630			
	BR					25		
		Same trip on 21, 28 & 29 Oct 79		180	2780	150		
		Fort Knight, MD	Baltimore, MD					
1 Nov	CB	Baltimore, MD	Fort Knight, MD			296		
		Bus Depot Baltimore	Fed Bldg Baltimore			270		45
		Fed Bldg Baltimore	Bus Depot Baltimore			295		45

SAMPLE

*If additional space is required continue on the back.*

**SUBTOTALS CARRIED FORWARD  
FROM THE BACK**

<b>7. AMOUNT CLAIMED</b> (Total of cols. (f), (g) and (i).) ▶ \$	<b>TOTALS</b>					
61.90		140	5040	1061		90

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

**Sign Original Only**

**Sign Original Only**

DATE

**CLAIMANT SIGN HERE** 

APPROVING  
OFFICIAL  
SIGN HERE

DATE \_\_\_\_\_

9. This claim is certified correct and proper for payment.

**Sign Original Only**

**AUTHORIZED  
CERTIFYING  
OFFICER  
SIGN HERE**

DATE

11.	CASH PAYMENT RECEIPT
-----	----------------------

8. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT	
1	100
2	200
3	300
4	400
5	500
6	600
7	700
8	800
9	900
10	1000
11	1100
12	1200
13	1300
14	1400
15	1500
16	1600
17	1700
18	1800
19	1900
20	2000
21	2100
22	2200
23	2300
24	2400
25	2500
26	2600
27	2700
28	2800
29	2900
30	3000
31	3100
32	3200
33	3300
34	3400
35	3500
36	3600
37	3700
38	3800
39	3900
40	4000
41	4100
42	4200
43	4300
44	4400
45	4500
46	4600
47	4700
48	4800
49	4900
50	5000
51	5100
52	5200
53	5300
54	5400
55	5500
56	5600
57	5700
58	5800
59	5900
60	6000
61	6100
62	6200
63	6300
64	6400
65	6500
66	6600
67	6700
68	6800
69	6900
70	7000
71	7100
72	7200
73	7300
74	7400
75	7500
76	7600
77	7700
78	7800
79	7900
80	8000
81	8100
82	8200
83	8300
84	8400
85	8500
86	8600
87	8700
88	8800
89	8900
90	9000
91	9100
92	9200
93	9300
94	9400
95	9500
96	9600
97	9700
98	9800
99	9900
100	10000

12. PAYMENT MADE  
BY CHECK NO.

### ACCOUNTING CLASSIFICATION

ENG FORM 327  
1 AUG 73

J-15





**CLAIM FOR TEMPORARY QUARTERS SUBSISTENCE EXPENSES/FOREIGN TRANSFER ALLOWANCE (SE)**  
(ER 55-1-2)

THIS FORM IS FOR USE IN SUMMARIZING AND CLAIMING DAILY ACTUAL SUBSISTENCE EXPENSES INCURRED DURING OCCUPANCY OF TEMPORARY QUARTERS INCIDENT TO A TRANSFER.  
SUBMIT WITH TRAVEL VOUCHER OR SUBVOUCHER (DO FORM 1351-2)

EMPLOYEE NAME	SSN	GRADE
NEW DUTY STATION	DATE REPORTED FOR DUTY (New Station)	DATE TOSE BEGAN
DATE VACATED OLD RESIDENCE	DATE OCCUPIED NEW RESIDENCE	
EMPLOYEE _____	EMPLOYEE _____	
DEPENDENTS _____	DEPENDENTS _____	

NAME(S) OF DEPENDENT(S) INCLUDED IN CLAIM (Show only eligible members of family included in travel authorization)

**INSTRUCTIONS**

ALL EXPENSES WILL BE ITEMIZED AND ONLY ACTUAL EXPENSES CLAIMED. HOME MEAL COST WILL BE ACCUMULATED AND AVERAGED FOR ALL MEALS PREPARED AT HOME.

IF EXPENSES CLAIMED ARE FOR TEMPORARY QUARTERS OCCUPIED AT DIFFERENT LOCATIONS BY THE EMPLOYEE AND DEPENDENT(S) USE SEPARATE EXPENSE ITEMIZATION SHEET FOR EACH LOCATION. TEMPORARY QUARTERS OCCUPIED AT OTHER THAN THE OLD OR NEW DUTY STATION LOCATION REQUIRES APPROVAL BY THE ORDER APPROVING OFFICIAL BASED ON A DETERMINATION THAT SUCH OCCUPANCY IS JUSTIFIED.

IF ANY OTHER CLAIM HAS BEEN MADE FOR TEMPORARY QUARTERS EXPENSES IN CONNECTION WITH THIS POC MOVE, EXPLAIN. ATTACH COPY OF PAID VOUCHER IF CLAIM HAS BEEN PAID.

IF SEPARATE CLAIM HAS BEEN MADE FOR PCS TRAVEL FROM OLD TO NEW DUTY STATION, EXPLAIN. ATTACH COPY OF PAID VOUCHER IF CLAIM HAS BEEN PAID.

IF OFFICIAL TEMPORARY DUTY TRAVEL WAS PERFORMED DURING THE TEMPORARY QUARTERS SUBSISTENCE EXPENSE OR FOREIGN TRANSFER ALLOWANCE (SE) REIMBURSEMENT CLAIM PERIOD, EXPLAIN. ATTACH COPY OF PAID VOUCHER IF CLAIM HAS BEEN PAID.

OCCUPANCY OF PERMANENT QUARTERS OCCURS WHEN THE EMPLOYEE OR ANY MEMBER OF THE FAMILY STARTS OCCUPYING THE PERMANENT QUARTERS.

RECEIPTS ARE REQUIRED FOR QUARTERS EXPENSES, LAUNDRY AND DRY CLEANING COSTS OTHER THAN WHEN COIN OPERATED FACILITIES ARE USED OR ANY SINGLE EXPENSE EXCEEDING \$25.00. IF APPLICABLE, ATTACH COPY OF LEASE.

REMARKS OR EXPLANATIONS

**SAMPLE**

EMPLOYEE SIGNATURE	DATE
--------------------	------

(Reverse of ENG FORM 4743-R)

APPENDIX J  
FIGURE J-19

THIS FORM MUST BE TYPED AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA (PRIVACY ACT APPLIES)		1 DATE PASSPORT OR VISA REQUIRED BY APPLICANT	2 MAJOR SERVICE COMPONENT
3 APPLICANT'S LAST NAME - FIRST NAME - MIDDLE NAME Rabbitt, Peter		26 Oct 87	DA
4 APPLICANT'S DATE OF BIRTH 1 April 1938		5 APPLICANT'S PLACE OF BIRTH MISSOURI, USA	
6 SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME <input type="checkbox"/> (If same as Item 3, check block)		7 SPONSOR'S MILITARY RANK/ CIVILIAN GRADE GS-13	8 SPONSOR'S SSN 123-45-6789
9 APPLICANT'S CURRENT HOME ADDRESS AND ZIP CODE (Include home and office telephone No. and area code) 123 Somewhere Street Anyplace, USA		10 INTERIM ADDRESS WHERE APPLICANT MAY BE CONTACTED AFTER DEPARTING LOCATION INDICATED IN ITEM 9 (Include telephone No. and name of person with whom residing) U. S. Embassy	
11. DESTINATION (Country or Countries) Belgium	12. LIST SPECIAL ASSIGNMENT REQUIRING PASSPORT * (See NOTE below) NA	13 PASSPORT WILL BE FORWARDED TO: (Include complete mailing address and ZIP Code) CELM-TT WASH DC 20314-1000	
14. EST DATE OF DEPARTURE (From country in which applicant is currently residing) 5 November 1987	15. PROPOSED LENGTH OF STAY 2 weeks	16 SIGNATURE OF AUTHORIZING OFFICIAL AND DATE	
17. ADDITIONAL INFORMATION (Continuation sheet may be added)		18 TYPED NAME, GRADE, TITLE AND ORG OF AUTHORIZING OFFICIAL (Include complete mailing address, Tel. No. and area code) Filled in by CELM-TT	

\* NOTE: If assignment is to Attache; MAAG; JUSMMAT; Security Assistance Liaison Office (SALO); OSP or other Special Advisory Group, e.g.,  
CENTO; or any particular assignment that will govern type and need for a passport, enter such information. If not, enter "Not Applicable."

DD FORM 1056  
1 MAR 77

Replaces edition of 1 Nov 70 and DD  
Form 1056, Privacy Act Statement,  
1 Oct 75, which are obsolete

SAMPLE

NOTIFICATION OF FOREIGN VISIT			DATE
For use of this form, see AR 381-18: the proponent agency is The Assistant Chief of Staff for Intelligence.			
<b>DATA REQUIRED BY THE PRIVACY ACT</b>			
<b>AUTHORITY:</b>	National Security Act of 1947, Executive Order 12086.		
<b>PRINCIPAL PURPOSE:</b>	To provide US Army Intelligence and Security Command, ACSI, HQDA and other Federal agencies with information on contacts between US and foreign personnel for evaluation of potential intelligence exploitation.		
<b>ROUTINE USES:</b>	Information used to support contingency planning and military operations. Information may be disclosed to US or foreign law enforcement, security, investigatory, or administrative authorities in order to comply with requirements imposed by, or to claim rights conferred in international agreements and arrangements including those regulating the stationing and status in foreign countries where DOD military and civilian personnel and other countries where there is a routine reciprocal exchange of information.		
<b>DISCLOSURE:</b>	Disclosure is voluntary however Failure to provide requested information could result in denial of authorization to travel to foreign country, or to meet with foreign personnel.		
<b>TO: (Include Zip Code)</b>		<b>FROM: (Include Zip Code)</b>	
		<b>ACTION OFFICER</b>	
		<b>PHONE NO.</b>	
<b>1. LAST NAME - FIRST NAME - MIDDLE NAME</b>	<b>2. GRADE</b>	<b>3. DATE OF BIRTH</b>	<b>4. U.S. CITIZEN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>5. SOCIAL SECURITY NO.</b>	<b>6. PLACE OF BIRTH (City, State, Country)</b>		
<b>7. PERMANENT ADDRESS (Number, Street, City State and Zip Code)</b>	<b>8. PLACE NATURALIZED</b>		<b>9. DATE NATURALIZED</b>
<b>10. ASSIGNMENT (Command, Unit, Address and phone no)</b>	<b>11. POSITION TITLE</b>		
	<b>12. ARMY SECURITY CLEARANCE</b>		
<b>13. SCIENTIFIC AND TECHNICAL FIELDS OF INTEREST</b>	<b>14. FOREIGN LANGUAGES (List if Read, Write, or Speak)</b>		
<b>DETAILS OF VISIT (Use continuation sheet as necessary)</b>			
<b>15. PURPOSE OF VISIT: (Include estimated date of departure and return and mode of travel, if appropriate)</b>			
SAMPLE			
<b>16. ITINERARY (Use continuation sheet as necessary)</b>			
<b>DATE</b>	<b>CITY AND COUNTRY</b>	<b>CONFERENCE, INSTITUTION, FIRMS, PLANTS, AGENCIES</b>	<b>NAME AND POSITION OF FOREIGN PERSON TO BE CONTACTED</b>
<b>17. REMARKS (Use Reverse side as necessary)</b>			